

14 CV 6517

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKHector Cortes A.K.A Frank Ruiz

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City of New York 46<sup>th</sup> precinctJohn Doe officerJohn Doe officerJohn Doe officerJohn Doe officerJohn Doe officer

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No  
(check one)

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Hector Cortes

ID #

241-13-06364

Current Institution

AMKC Correctional Facility

Address

18-18 Hazen StEast Elmhurst N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name John Doe Shield # \_\_\_\_\_  
 Where Currently Employed 46th Precinct  
 Address \_\_\_\_\_

Defendant No. 2 Name John Doe Shield # \_\_\_\_\_  
 Where Currently Employed 46th Precinct  
 Address \_\_\_\_\_

Defendant No. 3 Name John Doe Shield # \_\_\_\_\_  
 Where Currently Employed 46th Precinct  
 Address \_\_\_\_\_

Defendant No. 4 Name John Doe Shield # \_\_\_\_\_  
 Where Currently Employed 46th precinct  
 Address \_\_\_\_\_

Defendant No. 5 Name John Doe Shield # \_\_\_\_\_  
 Where Currently Employed 46th precinct  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? \_\_\_\_\_
- B. Where in the institution did the events giving rise to your claim(s) occur? \_\_\_\_\_
- C. What date and approximate time did the events giving rise to your claim(s) occur? \_\_\_\_\_

D. Facts: On June 25, 2013 at Approximately 2:30AM I was  
waking from work on Davidson Ave between 100<sup>th</sup> & 101<sup>st</sup> when a  
patrol car pulled me over and told me to put my hands up  
in which I'd complied.

What  
happened  
to you?

Who did  
what?

police asked me about some stolen property.  
I didn't know about stolen property. they throw me  
to the ground.

Was  
anyone  
else  
involved?

there were five other police men.

Who else  
saw what  
happened?

The police know what took place.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Trauma to my head and  
constant shakes.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_ No ☒ Do Not Know \_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_ No ☒ Do Not Know \_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? N/A

2. What was the result, if any? N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I seek Justice. My basis for such due to My Mental hardship & physical, Emotional Distress. I elect to leave an monetary amount "Open" at this time.

## VI. Previous lawsuits:

On  
these  
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ✓

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No \_\_\_\_\_

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of AUGUST, 2014.

Signature of Plaintiff

Hector Cortes AKA Frank Ruiz

Inmate Number

07A3202

Institution Address

Dorchester Correctional  
Facility Box F Red Schoolhouse  
Road Fishkill, N.Y 12524-0445

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 7 day of AUGUST, 2014, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Hector Cortes AKA Frank Ruiz

Sworn to before me this  
7 day of AUGUST 2014  
J. Carmichael  
Notary Public

JUANITA CARMICHAEL  
Notary Public, Dutchess County, NY  
NO 01CA6122155  
My Commission Expires 2/7/17